



Winter 2010 Preschool Martial Arts Registration Form

Action Martial Arts
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 Ashburn, VA 20147
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 Email: dmosse@amakick.com
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Student's name		Age:		Date of Birth:	
Parent (Mom)		Parent (Dad)			
Address:					
City:		State:		Zip:	
Email		Home Phone			
Mom Cell		Dad Cell			
Mom Work		Dad Work			
If you are a new student who were you referred by?					

Class begins Tuesday, January 5th and runs for a 10 week session. The last class is Saturday, March 13th.

Please check the class you would like to register for:

Beginners \$150 / session Limit 10 children per class
 BP2 – Wednesday 9:00 AM BP4 – Saturday 10:30 AM

You must have Mr. Moss' approval to register for the advanced class.

Advanced \$240 / session Limit 12 children per class
 (Students must have instructor's approval to register for advanced class)
 Please pick the two days you would like to attend.

Wed. 9:45 AM Sat.. 11:15 AM Tues. 12:45 PM Thurs. 12:45PM

\$19.95 Registration Fee for first time students (includes Free Uniform)

Waiver. [Parent] Student acknowledges that martial arts involves physical contact and other activity which may cause injury to [his/her child] Student while participating in martial arts, whether [the child] Student is participating in AMA's studio or elsewhere (including other locations operating under the trade name Action Martial Arts), including tournaments. [Parent] Student hereby assumes all risks of physical and mental injury [to his/her child] and waives any and all claims and/or causes of action against Action Martial Arts, Inc., its officers, agents, employees and/or insurance carriers for any physical or mental injury of whatever nature. However, should any liability be imposed upon the aforementioned entities of persons, notwithstanding such waiver and release, it is expressly agreed that the amount of liability shall be limited to the monetary value of the Program purchased or \$2,000, whichever is greater. Furthermore, [Parent] Student waives any and all claims, whether in tort, contract or otherwise, against David Moss, Suet Chong or any employee of AMA in their individual capacity. Parent/Student hereby represents that [his/her Child] Student is physically and mentally fit to participate in martial arts and represents that [the child] Student has had and passed a complete physical examination by a licensed physician within the past twelve (12) months from the date of Agreement. FURTHERMORE, ALL MARTIAL ARTS TRAINING EQUIPMENT USED AT THE STUDIO MUST BE PURCHASED THROUGH AMA. However, AMA does not warranty the safety or adequacy of the protective equipment sold or used at AMA's Studio. [Parent] Student also represents that he/she will maintain health insurance coverage throughout the term of the program [for his/her child].

I have read and understand all of the above.

 Signature (Parent or Student)